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RESEARCH

Diagnósticos de enfermagem da CIPE® em pacientes submetidos a tratamento cirúrgico para câncer de pênis*

Nursing diagnoses of Icnp® in patients undergoing surgical treatment for penis cancer

Diagnósticos de enfermería de la CIPE® en pacientes sometidos al tratamiento quirúrgico para el cáncer de pene

Ângela Mirella Magalhães¹, Amorim Élide Barbosa Matos², Maria Isis Freire Aguiar³, Santana de Maria Alves de Sousa⁴, Rosilda Silva Dias⁵

ABSTRACT

Objective: formulating nursing diagnoses in patients undergoing surgical treatment for penis cancer using the ICNP®. **Methods:** an exploratory descriptive study performed at a University Hospital. Fourteen records of patients hospitalized between 2006 and 2010 were reviewed. The terms found on nursing records were listed on a spreadsheet using the Seven Axis model, then cross-mapped with those listed on ICNP® version 1.0. **Results:** nineteen nursing diagnoses were found, which were related to wound healing, nutrition, elimination, mobility, sleep, pain, anxiety, self-image, self-esteem, and sexuality. Some terms required approximation as they were synonyms or were not included in the referred version. **Conclusion:** the terms used by nurses for patients undergoing surgery for penis cancer allowed the formulation of diagnoses that revealed needs that were compromised in face of the mutilating character and the involvement of sexuality in this process. **Descriptors:** Nursing; Nursing diagnosis; Nursing records; Penile neoplasms.

RESUMO

Objetivo: Construir diagnósticos de enfermagem para pacientes submetidos a tratamento cirúrgico para câncer de pênis utilizando CIPE®. **Métodos:** Estudo exploratório descritivo realizado em um Hospital Universitário. Foram pesquisados 14 prontuários de pacientes internados entre 2006 a 2010. Os termos encontrados nos registros de enfermagem foram listados e alocados numa planilha utilizando o modelo dos Sete Eixos seguido do mapeamento cruzado destes com os termos presentes na CIPE® versão 1.0. **Resultados:** Encontraram-se dezenove Diagnósticos de Enfermagem relacionados à cicatrização da ferida, nutrição, eliminação, mobilidade, sono, dor, ansiedade, autoimagem, autoestima e sexualidade. Alguns termos necessitaram de aproximação por serem sinônimos ou estarem ausentes na versão utilizada. **Conclusão:** Os termos usados pelos enfermeiros aos pacientes submetidos à cirurgia para câncer de pênis permitiram a construção de diagnósticos que revelaram necessidades comprometidas diante do caráter mutilador e do envolvimento da sexualidade nesse processo. **Descritores:** Enfermagem; Diagnóstico de Enfermagem; Registros de Enfermagem; Neoplasias penianas.

RESUMEN

Objetivo: construir diagnósticos de enfermería en pacientes sometidos a cirugía de cáncer de pene utilizando el CIPE®. **Métodos:** un estudio exploratorio descriptivo realizado en un Hospital Universitario. Se investigaron 14 historias clínicas de pacientes internados de 2006 a 2010. Los términos encontrados en los registros fueron agrupados en una planilla, utilizándose modelo de los Siete Ejes, efectuándose mapeo cruzado entre estos y los términos presentes en la CIPE® versión 1.0. **Resultados:** se encontraron diecinueve diagnósticos de enfermería relativos a cicatrización de la herida, nutrición, eliminación, movilidad, sueño, dolor, ansiedad, autoimagen, autoestima y sexualidad. Algunos términos necesitaron aproximación por ser sinónimos o por ausencia en la versión utilizada. **Conclusión:** los términos utilizados en pacientes sometidos a cirugía de cáncer de pene permitieron construir diagnósticos que revelaron necesidades comprometidas ante el carácter invasivo y la involucración de la sexualidad en este proceso. **Descriptor:** Enfermería; Diagnóstico de Enfermería; Registros de Enfermería; Neoplasias del Pene.

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INTRODUCTION

For long periods, the nursing care was performed empirically and intuitively. With the scientific and technological developments, there have been improvements in the delivery of nursing care, both in the organization of care as the computerization of care. Therefore, this new scenario has required professionals prepared in technical, theoretical and humanistic terms to define a more appropriate patient care.¹

This trend is strengthened by the Systematization of Nursing Assistance (SAE) for providing subsidies for the development of interdisciplinary and humanized methods of care that allows the organization of nursing work, making possible the implementation of the Nursing Process.²

Thus, the nursing process contributes to tailor care to the needs of each individual, in addition to document professional practice. It consists of interrelated steps according to the theoretical framework, commonly presents five steps: history, diagnosis, planning, implementation and evaluation of Nursing.²

For steps diagnosis and prescription, it has been found in the literature a variety of terminologies used by nurses through ratings systems. But the International Council of Nurses (ICN) in 1989 initiated the standardization of a unified nursing language which would address the phenomena, interventions and nursing outcomes as primary elements of its construction.³

Given this objective, it was created the International Classification of Nursing Practice (ICNP®) which since its inception has undergone six publications. Currently, the terms are inserted between seven denominated areas: focus, judgment, means, action, time, location and client. This classification is considered a combinatorial terminology; in which simple concepts (atomic) unite to form complex statements (molecular).⁴

The Brazil began its participation in the design of this project in 1995 and has featured on the world stage producing various validation work, construction and application of terms used in the health care routine, but with less emphasis on human health.³⁻⁵ This may be explained by the absence of public policies in Brazil for decades to these individuals and philosophical and cultural issues surrounding the concept of health and gender.⁶⁻⁷

However, given the increase in life expectancy and the prevalence of chronic conditions that compromise the quality of life and weighs on public spending, the Ministry of Health in 2009 launched the National Policy for Integral Attention to Men's Health (PNIASH) to encourage promotion, prevention, care and male health recovery.⁸

Despite the violence, accidents transits and cardiovascular diseases are the first places of the causes of male mortality, oncological diseases have shown in recent years an increasing prevalence.⁹ Therefore, this paper studied penile cancer that although it is rare in developed countries, and in Brazil, corresponding to 2% of all cases of cancer in Maranhão, the prevalence of 10,66%, the third highest rate among all Brazilian states.¹⁰

The etiology of cancer continues without elucidation, but some factors are associated to its appearance, such as phimosis, poor hygiene, multiple partners and association with human papillomavirus (HPV).¹¹⁻²

The treatment of this disease should be individualized based on the characteristics of the primary tumor and the stage, however, the most current treatment is partial or total amputation of the penis, as well as other features including radiation therapy, the use of laser and chemotherapy. For men showing infiltration of the lymph nodes lymphadenectomy is indicated in most cases.¹³

These situations show the intrinsic aspect mutilating and nursing care cover for the human being as a whole is able to identify problems and intervene in the physical and emotional needs of these patients.

In this context, the question arose: What are the terminologies used by nurses to characterize the problems found in patients after surgery for the treatment of penile cancer can be found in (ICNP®)?

Therefore, this study sought to build diagnoses for patients undergoing surgical treatment for penile cancer admitted to a university hospital through the mapping of terms found in nursing records present in the medical records.

The awakening to this issue occurred during the training period in service of nursing home in Clinical Surgery, when it could observe an increasing number of men undergoing partial amputations and the total lymphadenectomy carrying the anguish of physical mutilation, moral and psychological.

This work contributes to nursing knowledge concerning the care needs for patients undergoing surgery for treatment of penile cancer using a standardized terminology, however, endowed with confluence in the terms used by nurses.

METHOD

It is a descriptive exploratory study of document analysis, performed on a reference University Hospital in São Luis - Maranhão. This institution is characterized by being a general hospital of high complexity linked exclusively to the Health System without cancer specificity, however, is home to the only homes of Urology and State Nursing. It has 18 beds for urologic surgeries of medium and high complexity. Nursing care is logged in nursing history (structured instrument), the developments and therapeutic plan. The steps of diagnosis and prescription of Nursing are not implemented in the institution.

The sample consisted of 14 patients who underwent surgical treatment for penile cancer in the period 2006-2010, corresponding to 100% of patients admitted to perform this procedure.

For the construction of nursing diagnoses performed in these patients, first listed are the terms found in the nursing records in order and then were placed in a spreadsheet built in Microsoft Excel using the Model of the Seven Axes of ICNP®. Then there was the cross-

mapping of the terms recorded by nursing with the willing in the ICNP® version 1.0. Data were analyzed using descriptive statistics.

The CIEE's recommendations for making diagnoses have been met, necessarily using a term focus shaft and one end of the shaft judgment plus other terms of these or other axes.¹⁴

This study followed the ethical and legal aspects conferred by Resolution 196/96 being held after examination at the University Hospital Research Ethics Committee with the approval of registration nº 03/11.

RESULTS AND DISCUSSION

Given the objective and the methodological criteria, 14 records were surveyed - which corresponds to 100% of patients undergoing this procedure.

Most of these patients were characterized by the age of 50 years old, from the countryside of the State, browns, with incomplete primary education, farmers, married and single partner. The search time of medical aid from onset of symptoms to treatment was 3-6 months and the most frequently performed surgery was the partial penectomy, with inguinal lymphadenectomy performed in six cases.

From the terms found in the historical records contained in the developments and therapeutic, were identified 19 nursing diagnoses that were built based on the Seven Axes model as the ICNP® version 1.0.

At nineteen nursing diagnoses, nearly 100% of patients had current surgical wound on the penis and proximal thighs, committed sexual relationship, current impotence, compromised skin integrity and risk for infection. Other diagnoses found in these patients were also highlighted: increased pain for surgical wound (78,5%), surgical wound secretion by the proximal region of the thighs increased (71,4%), necrosis in proximal thigh and the penis (50%), infection in the current surgical wound (50%), increased current constipation (50%), increased swelling of the scrotum proximal thighs and legs (42,8%), potential anxiety (42,8%), bleeding in the surgical wound with the potential to increase (42,8%), fever potential to increase (35,7%), impaired self-image (28,5%), impaired self-esteem (28,5%), impaired sleep (14,2%), mobility compromised (14,2%) and decreased appetite (7,14%) as shown in Figure 1.

However it was noted that some of these were not under constant ICNP® in version 1.0, for example, inguinal region and lower extremities; or were synonymous as surgical wound, impaired and constipation, while the diagnosis of impotence, sexual term needed to be deleted to avoid superfluous, as this classification already related impotence as the inability to achieve erection of the penis.

Then performed a diagnostic approach, replacing some terms used in nursing, which are underlined in the first column of Figure 1, the term has been standardized by said classification.

COMPOSITION OF THE DIAGNOSTIC STATEMENTS	NURSING DIAGNOSTIC APPROACH BY ICNP®	(%)
Inguinal surgical wound or penile	Current surgical wound in the penis and in the proximal region of the thighs	(100%)
Sexual intercourse committed	Sexual intercourse committed	(100%)
<u>Sexual impotence</u>	Current impotence	(100%)
Impaired skin integrity	Compromised skin integrity	(100%)
Risk for infection	Risk for infection	(100%)
Intense pain in the surgical wound	On increased surgical wound pain	(78,5%)
Secretion by the surgical wound in inguinal region increased	Secretion by the surgical wound in the proximal region of the thighs increased	(71,4%)
Necrosis in inguinal region and penile	Necrosis in the proximal region of the thigh and penis	(50%)
Surgical wound infection	Current surgical wound infection	(50%)
Increased constipation	Current increased constipation	(50%)
Inguinal and scrotal edema of lower limbs increased	Increased swelling in scrotal proximal region, thighs and legs	(42,8%)
Anxiety	Potential anxiety	(42,8%)
Bleeding in surgical wound (moderate blood loss)	Bleeding in surgical wound with potential to increase	(42,8%)
Fever	Potential for increased fever	(35,7%)
Compromised self-image	Compromised self-image	(28,5%)
Compromised self-esteem	Compromised self-esteem	(28,5%)
Compromised sleep	Compromised sleep	(14,2%)
Compromised mobility	Compromised mobility	(14,2%)
Decreased appetite	Decreased appetite	(7,14%)

Figure 1 - Composition of the diagnostic statements found in patients submitted to surgical treatment of penis cancer and diagnostic using the sentence terms of ICNP®, São Luís, MA, 2012.

The nursing diagnoses found in patients undergoing surgical treatment for penile cancer are related to the surgical procedure and the physical and psychological consequences that it entails. This result can be explained by the fact penile cancer has surgery as a form of treatment most commonly performed.

Nursing postoperatively is to assess and take care of wounds, preventing the infectious process and promoting conditions for healing.¹⁵ However, half of the patients had surgical site infection, present in patients undergoing bilateral inguinal lymphadenectomy. In these patients, a lower limb edema and necrosis in wound edge accompanied by seropurulent secretion drainage.

Controversy exists regarding the realization of inguinal lymphadenectomy, however, in practice, has often been performed for diagnosis and staging of the disease. It is shown associated with various postoperative complications. In a study of 50 patients undergoing this procedure, it was observed that 22% of them showed lymphatic leakage of varying severity; 18% significant edema in the lower limbs; 10% surgical infection and tissue necrosis 6%.¹⁶

Another author states that cancer patients undergo various diagnostic and therapeutic procedures that extend the length of stay in the hospital, being thus exposed to colonization by microorganisms. The surgical site has been appointed as the main venue for the infection.¹⁷

Given the scarcity of research on the issue addressed in this paper, and the approach the epidemiological profile with prostate cancer, there is the study also developed at a university hospital in northeastern Brazil, in which similar diagnoses, including risk for infection, pain in the surgical wound, impaired sexual intercourse, sleep and rest harmed, anxiety, impaired appetite and impaired skin integrity were present in patients undergoing prostatectomy and submitted a Concordance Index $\geq 0,80$ in the validation with experts.¹⁸

The ICNP®, unlike other classifications, surgical wound difference integrity of the affected skin. Therefore, in this work, impaired skin integrity term is related to the use of aspirators drains, intravenous devices that were present in all patients and thermal damage caused by warm compress, which occurred in a single patient.

Other studies that investigated the ICNP® diagnoses in surgical situations also found the two above reported diagnoses, showing that, despite the absence of conceptualization regarding the integrity of the skin by this classification, nurses in practice differentiate us in some way.¹⁹⁻²⁰

Terms were found concerning diagnoses that qualify feelings and behaviors involved in mutilating and stressful situations. This finding can be understood by the fact that the partial penectomy have been the most frequently performed procedure in patients surveyed.

Authors state that patients who have tumors directly related to sexuality, masculinity and femininity have high rates of anxiety and the impact on sexual satisfaction and quality of life.²¹

By the same token, other scholars argue that the penectomy cause feelings of distress and impaired self-esteem, and impact on sexual, emotional and social life.²²

Regarding the terms found in the nursing records used in the care of patients undergoing surgical treatment for penile cancer, we observed that some are synonymous and others were not found in the ICNP® version 1.0 and is therefore necessary to implement the approach of terms.

The terms wound, committed and constipation, although synonymous with suggested by this classification terms were also used in clinical practice for nurses from various sectors at another hospital school.²⁰

Researchers nursing, studying the terms used in nursing practice and relate them to the terms present in the International Classification for Nursing Practice, noted the existence of specific terms for some phenomena or actions that are not standardized, but are strongly used and written by nurses.²³⁻⁴

In this sense, it is suggested that the term groin shaft location, which is absent in the studied version, to be added later in new versions as it is a term that tells more precisely the anatomical region and surgical site for lymphadenectomy, as well as other necessary surgery as a treatment of other pathologies.

This precision is needed in the nursing records, making it clearer, objective and complete language, facilitating communication among professionals who care for patients.²⁵

The ICNP® rises and builds of nursing practice, as this ranking shows up unfinished and stimulates scientific production to recognize and validate terms used in many different clinical settings, social and cultural around the world.

In this sense, scholars point out that research that perform mappings of terms used in healthcare practice are essential to highlight what is accepted, rejected or modified by the professionals because it enables the adaptation of reality to existing terms in the standings, and disseminate this system classification by different countries and clinical/practice specialties of nurses.⁴⁻⁵

It pointed out the limitation to this study the absence of some terms and the lack of clarity in some definitions given by the ICNP® version 1.0 that generate doubts. But on the other hand, proved the phenomena involved in the daily nursing care to patients undergoing surgical treatment for penile cancer, a prevalent disease in Brazil, aggressive and mutilating physically, morally and psychologically, however, scarcely studied.

The nursing diagnoses as daily nursing practice guide their conduct, allowing the patient to look with more discretion and responsibility and feel participant of the healing process, as well as advocate the appreciation of his work as science.

CONCLUSION

The results of the study suggest that nursing recognizes and evaluates the needs of patients undergoing surgical treatment of penile cancer in the physical and behavioral dimensions with the use of terms found in the ICNP® version 1.0.

However, there is the use of synonymous terms or not constant in this category for nurses in clinical practice, which required an approximation to the terms of this classification.

We emphasize the importance of the results of this study, since penile cancer is revealed as a threatening pathology on sexuality and quality of life, which contributes to the postponement and coping with the disease, and portray the specifics experienced in the treatment.

This work is presented as a tool for information and guidance regarding the management of nursing practice in the approach to the patient with penile cancer in the implementation of ICNP® in health services. It is also a source of research for grant nurses in the construction of foundations for the development of a care excellence, and is an inspiring design of new clinical practices.

REFERENCES

1. Kletemberg DF, Siqueira MD, Mantovani MF. História do processo de enfermagem na REBEn: 1960-1986. Esc Anna Nery Rev Enferm [periódico na internet]. 2006 dez [acesso em 2012 dez 12];10(3)[aproximadamente 9 p.]. Disponível em: <http://www.scielo.br/pdf/ean/v10n3/v10n3a17.pdf>
2. Barros ALBL, Lopes JL. A legislação e a sistematização da assistência de enfermagem. Enferm foco. 2010;1(2): 63-5.
3. Mazoni SR, Rodrigues CC, Santos DS, Rossi LA, Carvalho EC. Classificação Internacional para a Prática de Enfermagem e a contribuição Brasileira. Rev bras enferm [periódico na internet]. 2010 mar-abr [acesso em 2012 dez 11];63(2) [aproximadamente 5 p.]. Disponível em: <http://www.scielo.br/pdf/reben/v63n2/18.pdf>
4. Lins SMSB, Santo FHE, Fuly PSC. Aplicabilidade da Classificação Internacional para a Prática de Enfermagem no Brasil. Ciênc cuid saúde. 2011 abr-jun;10(2):359-65.
5. Barra DCC, Dal Sasso GTM. Processo de Enfermagem conforme a Classificação Internacional para as práticas de enfermagem: uma revisão integrativa. Texto Contexto Enferm [periódico na internet]. 2012 abr-jun [acesso em 2012 dez 6];21(2) [aproximadamente 8 p.]. Disponível em: <http://www.scielo.br/pdf/tce/v21n2/a24v21n2.pdf>
6. WD, Barboza TM, Leite MC, Fonseca RLS, Santos LCF, Nery TCL. Atenção à saúde do homem: interlocução entre ensino e serviço. Acta paul enferm [periódico na internet]. 2011[acesso em 2012 dez 12]; 24(3)[aproximadamente 4 p.]. Disponível em: <http://www.scielo.br/pdf/apv/v24n3/20.pdf>
7. Santos C, Souza LRF, Jesus MLA, Souza RR, Cortez EA, Veneu ACS. Nursing performance in health assistance and HPV prevention in man. R Pesq Cuidado Fundamen On line [periódico na internet]. 2009 set-dez [acesso em 2013 jan 16];1(2)[aproximadamente 12 p.]. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/374/385>
8. Moura EC, Lima AMP, Urdaneta M. Uso de indicadores para o monitoramento das ações de promoção e atenção da política nacional de atenção integral à saúde do Homem (PNAISH). Ciênc saúde coletiva [periódico na internet]. 2002 [acesso em 2012 out 12];17(10)[aproximadamente 10 p.]. Disponível em: <http://www.scielo.org/pdf/csc/v17n10/09.pdf>
9. Laurenti R, Jorge MHPM, Gotlieb SLD. Perfil epidemiológico da morbi-mortalidade masculina. Ciênc saúde coletiva [periódico na internet]. 2005[acesso em 2012 out 12];10(1)[aproximadamente 12 p.]. Disponível em: <http://www.scielo.org/pdf/csc/v10n1/a04v10n1.pdf>
10. IA. MA concentra um dos maiores índices de câncer de pênis do país [Internet]. Maranhão: Universidade Federal do Maranhão; 2009 maio 28 [acesso em 2012 dez 13]. Disponível em: <http://www.ufma.br/noticias/noticias.php?cod=5746>
11. Souza KW, Reis PED, Gomes IP, Carvalho EC. Estratégias de prevenção para câncer de testículo e pênis: revisão integrativa. Rev Esc Enferm USP [periódico na internet].

- 2011[acessado em 2012 jan 04];45(1)[aproximadamente 6 p.]. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n1/39.pdf>
12. Reis AAS, Paula LB, Paula AAP, Saddi VA, Cruz AD. Aspectos clínico-epidemiológicos associados ao câncer de pênis. Ciênc saúde coletiva [periódico na internet]. 2010[acessado em 2012 jan 04];15(Supl)[aproximadamente 7 p.]. Disponível em: <http://scielosp.org/pdf/csc/v15s1/018.pdf>
13. Koff WJ, Pompeu ACL, Damião R, Carrerette FB editores. Diretrizes em Uro-Oncologia. Sociedade Brasileira de Urologia: Rio de Janeiro; 2006. 254p. Disponível em: <http://www.sbu.org.br>
14. Internacional Council of Nurses-ICN. Classificação Internacional para a prática de Enfermagem versão 1.0. São Paulo: Argol Editora; 2007.
15. Carvalho CRR. Atuação da enfermagem diante da ferida cirúrgica infectada. Rev bras ciênc saúde. 2008 out-dez;7(18):69-73.
16. Pompeo ACL, Carvalho GF, Sarkis A, Mesquita JL, Toledo WP, Arap S. Complicações pós-operatórias da linfadenectomia inguinal em pacientes com câncer de pênis. J bras urol. 1997 jan-mar;23(1):19-23.
17. Santos SLV, Sousa TK, Costa DM, Lopes LKO, Peleja EB, Melo DS, Palos MAP, Pereira MS. Infecções associadas ao cuidado em Saúde e um Hospital Oncológico Brasileiro: análise de cinco anos. Enferm glob. 2012;25:18-27.
18. Nascimento DM, Nóbrega MML, Carvalho MWA, Norat EM. Diagnósticos, resultados e intervenções de enfermagem para clientes hospitalizados submetidos à prostatectomia. Rev eletrônica enferm [periódico na internet]. 2011 [citado 2012 nov 18];9(3)[aproximado 09 p.]. Disponível em <http://www.fen.ufg.br/revista/v13/n2/v13n2a02.htm>
19. Silva AF, Nóbrega MML, Macedo WCD. Diagnósticos/resultados de enfermagem para parturientes e puérperas utilizando a Classificação Internacional para a Prática de Enfermagem. Rev eletrônica enferm [periódico na internet]. 2012 [citado 2012 nov 20];14(2)[aproximado 10 p.]. Disponível em <http://www.fen.ufg.br/revista/v14/n2/v14n2a06.htm>
20. Nóbrega MML, Garcia TR, Medeiros ACT, Souza GLL. Banco de termos da linguagem especial de enfermagem de um hospital escola. Rev RENE [periódico na internet]. 2010 jan-mar [citado em 2012 jan 06];11(1)[aproximadamente 10 p.]. Disponível em: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/344/pdf>
21. Bertan FC, Castro EK. Qualidade de vida, indicadores de ansiedade e depressão e satisfação sexual em pacientes adultos com câncer. Salud soc [periódico na internet]. 2010 maio-ago [citado 2012 nov 18];1(2)[aproximado 13 p.]. Disponível em <http://www.saludysociedad.cl/index.php/main/article/viewArticle/22>
22. Barros EM, Melo MCB. Câncer de pênis: perfil sócio-demográfico e respostas emocionais à penectomia em pacientes atendidos no Serviço de Psicologia do Hospital de Câncer de Pernambuco. Rev SBPH [periódico na internet]. 2009 jun [citado em 2012 jan 09], 12(1)[aproximadamente 13 p.]. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582009000100008&lng=pt&nrm=iso
23. Furtado LG, Nóbrega MML. Construção de banco de termos identificados nos registros de enfermagem utilizando a CIPE. Rev eletrônica enferm [periódico na internet]. 2007 [citado

2012 nov 12];9(3)[aproximado 25 p.]. Disponível em <http://www.fen.ufg.br/revista/v9/n3/v9n3a06.htm>

24. Andrade LL, Costa KNFM, Nóbrega MML, Oliveira JS, Accioly CMC. Termos identificados em uma clínica médica e classificados como não constantes na CIPE®. Rev eletrônica enferm [periódico na internet]. 2012 [citado 2012 nov 12];14(2)[aproximado 6 p.]. Disponível em <http://www.fen.ufg.br/revista/v14/n2/v14n2a13.htm>

25. Matsuda LM, Silva DMP, Évora YDM, Coimbra JAH. Anotações/registros de enfermagem: instrumento de comunicação para a qualidade do cuidado? Rev eletrônica enferm [periódico na internet]. 2006 [citado 2012 nov 12];8(3)[aproximado 7 p.]. Disponível em: <http://www.revistas.ufg.br/index.php/fen/article/viewArticle/7080>



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